



THE NATIONAL BASKETBALL ACADEMY
HOUSTON ROCKETS
CAMPS • CLINICS • LEAGUES • TRAINING

Mini Dribblers Clinics

Sept. 21- Oct. 19

Pearland Parks and Rec
4141 Baily Rd
Pearland, TX 77584
Time: 1:00pm- 2:15pm

Sept. 29- Oct. 27

Imperial Park Rec Center
234 Matlage Way
Sugar Land, Tx 77487
Time: 1:30pm- 3:00pm

Details

For Boys and Girls
Ages 5-10
Cost: \$105

Everyone attending will
receive a ticket to a
Houston Rockets game,
basketball and a camp
t-shirt.



BASKETBALL CAMP REGISTRATION FORM

www.tnbabasketball.com to register online / Call 216.378.0932 for more information.

PRE-REGISTER ONLINE OR BY MAIL.

OR BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)

Please complete this registration form, including parent or guardian signature, and send to:
The National Basketball Academy, 27600 Chagrin Blvd., Suite 450, Woodmere, OH 44122

*Make all checks payable to: The National Basketball Academy
ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.*



**Please note all credit cards will be subject to an
additional service charge
of 4% of the total dollar transaction.*

Pearland Parks and Rec

Imperial Park Rec. Center

Child's Name _____

Parent or Guardian Name _____

Address _____

City/State/Zip _____

Home Phone _____ Parent's Work Phone _____

Parent's Cell Phone _____ Child D.O.B. (MM/DD/YY) _____ Grade _____

E-mail _____

Credit Card # _____ Exp. Date _____ 3-Digit Security# _____ (on back of card)

Amt. charged to card \$ _____

The SIGNER grants permission to The National Basketball Academy (and its designees and agents) to utilize the Signer's child's image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the Event in any medium or context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in The National Basketball Academy camp. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by The National Basketball Academy, I/we do further release their agents and employees and any others associated with the camps from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with The National Basketball Academy camps.

Parent or Guardian Signature _____

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: _____ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature _____